



State of California
Respiratory Care Board
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Inquiry: I would like to address the following questions to the Board:

1. **Respiratory Care Protocols:** We presently have a respiratory care protocol for mechanical ventilation at our hospital. Within the vent protocol we also have a section for administering respiratory medications for clinical indications as well as drawing ABG's and obtaining respiratory secretions for specific circumstances. With all the new regulations I would like to ask if this is OK. Also, once the protocol is ordered by the physician, is it alright to initiate these other's (ABG, meds) under the physician's order sheet stating, "Initiate Albuterol 4 puffs" per Ventilator Protocol " and my signature. In addition to this, we do state the clinical criteria for initiation under the physician's progress notes.
2. **Respiratory Medications:** The medical staff and pharmacist at our hospital would like me to set up a policy for RT meds so they do not have to write so much. They have proposed since we give 95% of our tx's in forms of Xopenex, Albuterol, Atrovent tx's in a "commonly prescribed dose", that we dose by default. Ex: HHN Albuterol QID. - Interpretation: 2.5mg Albuterol. Of course I would build the policy to address dosages of each of these unspecified medications. Any higher or lower doses would need the exact dosage. How may this be viewed?

Response: The protocol you discussed in your inquiry is fine and is definitely within the scope of practice as outlined in section 3702 of the Respiratory Care Practice Act. It sounds as though you have defined criteria for initiation of the protocol and clinical guidelines that guide the practitioner along the protocol path. This is very appropriate and proven from past and present literature to improve patient outcomes.

The second part of your inquiry regarding medications is not as easy. Both the Practice Act and Title 22 of the California Code of Regulations, require the medication, its frequency, and the dose be inclusive in the order. Without that detail, the ability of the pharmacist to provide a complete and comprehensive allergy screening cannot be accomplished. Unfortunately, there is no short cutting when it comes to writing a medication order. Despite what your practice is, the medical staff is still required by law to write a clear and complete order.

Reference #: 2004-C-27